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FASSE PATENT ATTYS

PAGE 02/03

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TELEFAX COVER SHEET

DATE: September 17, 2007

TO: MS ISSUE FEE
COMMISSIONER FOR PATENTS

FAX NO.: 571-273-2885

FROM: WALTER F. FASSE, ESQ.
FASSE PATENT ATTORNEYS, P.A.RE: Applicant: Jens KAHLE et al.
USSN: 10/563,037
Filed: December 30, 2005
Title: CRUCIFORM SPRING ELEMENT

Our Case No: 4918

TOTAL NUMBER OF SHEETS BY TELEFAX: 3 (INCLUDING COVER SHEET)

NOTE: We are enclosing:

- a) Issue Fee / Publication Fee Transmittal (Form PTOL-85);
- b) Credit Card Payment (Form PTO-2038) (\$1700.00);
- c) ~~Transmittal of Supplemental Declaration;~~
- d) ~~Supplemental Declaration.~~

W.F.Fasse 
CERTIFICATE OF FAX TRANSMISSION: Reg. No.: 36132

I hereby certify that this correspondence with all indicated enclosures is being transmitted by telefax to 571-273-2885 on the date indicated below, and is addressed to:
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Karin Smith - September 17, 2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Karin Smith	(Depositor's name)
<i>Karin Smith</i>	(Signature)
September 17, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/563,037	12/30/2005	Jens Kahle	4918/PCT	6058

TITLE OF INVENTION: CRUCIFORM SPRING ELEMENT

09/18/2007 NNGUYEN2 00000042 10563037

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/17/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOORI, MAX H	2855	073-856000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1 W. F. Fasse 2 W. G. Fasse 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schenck Process GmbH

Darmstadt, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Walter F. FasseDate September 17, 2007Typed or printed name Walter F. FasseRegistration No. 36132

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